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## **NOTIFICATION OF MULTICANDIDATE STATUS**

2010 JAN 15 AM 10: 08

(See reverse side for instructions)

This form should be filed after the Committee qu	ualifies as a multicandidate committee.
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	) NAME OF C	DMMITTEE IN FULL			
	Loews (	Corporation Energy Public A	ffairs Committee	1	
(b) Number and Street Address 667 Madison Avenue				2. FEC IDENTIFICATION NUMBER	
•				STATE PARTY	origon origi
		k, NY 10065-8087		OTHER	
I ce	tify that o	ne of the following situations is cor	rect (complete line 4 or 5):		
4.	<b>STATUS BY AFFILIATION:</b> The committee submitted its Statement of Organization (FEC FORM 1) on and simultaneously qualified as a multicandidate committee through its affiliation with:				
	Committ	ee Name: Loews Corp	poration Public	CNA Citizen	s for
	•	Affairs Co	ommittee	Good Government	
	FEC Ide	ntification Number:C00416495	·	C00078287	
5.	STATIIS	BY QUALIFICATION:			
		odidates: The committee has made ow (ONLY State party committees r	may leave this blank.):	<del>,</del>	<del></del>
		Name Name	Office Sought	State/District	Date
	(i)				
	(ii)		·	1 \$	
	(ii) (iii)				
	(iii)				· · · · · · · · · · · · · · · · · · ·
	(iii) (iv) (v) (b) Cor	ntributors: The committee received	d a contribution from its 51s	contributor	
	(iii) (iv) (v) (b) Coron: (c) Reg			·	1 was
	(iii) (iv) (v) (b) Corron: (c) Regulation	gistration: The committee has been mitted on:	n registered for at least 6 m	onths. FEC FORM	
	(iii) (iv) (v) (b) Corron: (c) Reg sub	gistration: The committee has been mitted on:  alification: The committee met the	n registered for at least 6 ma above requirements on:	onths. FEC FORM	
	(iii) (iv) (v) (b) Coron: (c) Reg sub (d) Quantify that I have	gistration: The committee has been mitted on:  allification: The committee met the examined this Statement and to the best of my	n registered for at least 6 me above requirements on:	onths. FEC FORM	
TYP	(iii) (iv) (v) (b) Coron: (c) Reg sub (d) Quantify that I have	gistration: The committee has been mitted on:  alification: The committee met the examined this Statement and to the best of my NAME OF TREASURER SIGNATION.	n registered for at least 6 ma above requirements on:	t and complete.	
TYP	(iii) (iv) (v) (b) Coron: (c) Regulation Subset (d) Quality that I have E OR PRINT	gistration: The committee has been mitted on:  alification: The committee met the examined this Statement and to the best of my NAME OF TREASURER SIGNATURES  Kenny  of false, erroneous, or incomplete information in	above requirements on:  knowledge and belief it is true, corrections  URE OF TREASURER	t and complete.  DATE  Contend to the penalties of 2	14-10
TYP	(iii) (iv) (v) (b) Coron: (c) Regulation Subset (d) Quality that I have E OR PRINT	pistration: The committee has been mitted on:  allification: The committee met the examined this Statement and to the best of my NAME OF TREASURER SIGNATION of false, erroneous, or incomplete information in ANY CHANGE IN INFORMATION For further info	above requirements on:	t and complete.  DATE  Complete to the penalties of 2 10 DAYS.	14-10